

CHICAGO PARK DISTRICT

NOTICE OF CHANGE OF NAME, ADDRESS OR CONTACT INFORMATION

INSTRUCTIONS:

Any employee who has changed their name, address or contact information should complete this form and submit it the Human Resource Department (by email or in person at the Administration Building) within ten (10) days of the change.

PLEASE PRINT

Name: _____ Employee ID #: _____

Today's Date: _____ Change Effective Date: _____

Dept./Region: _____ Park/Location: _____

Title: _____ Email Address: _____

I REQUEST TO MAKE THE CHANGES INDICATED BELOW. (PLACE "X" NEXT TO ALL THAT PERTAIN)

☐ Change Name

☐ Change Address

☐ Change Phone

☐ Change Email

CHANGE OF NAME: (DOCUMENTATION MUST BE ATTACHED – EX: COPY OF CERTIFICATE OF MARRIAGE)

From: _____
(Last) (First) (Middle Initial)

To: _____
(Last) (First) (Middle Initial)

CHANGE OF ADDRESS: (*I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT WITH THE CHICAGO PARK DISTRICT THAT I MUST BE AN ACTUAL RESIDENT OF THE CITY OF CHICAGO. ANY FALSE STATEMENTS TO THE CHICAGO PARK DISTRICT ABOUT MY RESIDENCY SHALL CONSTITUTE GROUNDS FOR DISCHARGE.)

From: _____
(# & Street) (Unit/Apt) (City) (State) (Zip)

To: _____
(# & Street) (Unit/Apt) (City) (State) (Zip)

I UNDERSTAND AND ACKNOWLEDGE THAT I MUST REPORT ANY CHANGE OF ADDRESS WITHIN 10 DAYS TO THE DEPARTMENT OF HUMAN RESOURCES AND MUST SHOW PROOF OF THE NEW ADDRESS BY PROVIDING ONE OF THE FOLLOWING: DRIVER'S LICENSE, ILLINOIS IDENTIFICATION CARD, MORTGAGE STATEMENT, LEASE, BANK STATEMENT OR UTILITY BILL IN MY NAME.

CHANGE OF TELEPHONE NUMBER and/or EMAIL ADDRESS:

From: _____ Phone Number Type: ☐ Home ☐ Mobile

To: _____ Phone Number Type: ☐ Home ☐ Mobile

CERTIFICATION: By signing this NOTICE OF CHANGE OF NAME, ADDRESS OR CONTACT INFORMATION, I certify and affirm that the information contained herein is true and accurate and that I fully understand and acknowledge that I am an actual resident of the City of Chicago.

Signature of Employee: _____